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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1940.

To the Chairman and Members of the Urban District Council of
Bedlingtonshire.

Gentlemen,

I have the pleasure to submit the Annual Report of the Medical Officer of Health for the year 1940, bearing upon the state of health and the sanitary conditions of the Urban District.

It is my first completed year as whole-time Medical Officer of Health for the district.

As stated in the report for the previous twelve months, the record continues to be as succinct as possible, in conformity with the specific intentions of the Ministry of Health, and is throughout self explanatory.

The following changes in staff took place, and it should be placed on record that the Assistant Medical Officer of Health, Miss Catherine B. McGregor, M.B., D.P.H. commenced duty towards the end of May, 1940, and that a Supervisory Officer, expressly appointed by the Joint Committee for the Medical Officer of Health in concert with the scheme making authority (Northumberland County Council) was attached to the Department of the Medical Officer of Health with the avowed intention of easing the burden occasioned by the administration of the Casualty Services for the five districts, and which, up to that time, had been solely shouldered by the Medical Officer of Health himself.

With these necessary additions to staff, it was at once apparent that new accommodation became an urgent requirement, and so it came about that the premises at 146, Station Road, Ashington, were acquired on lease as the offices of the Medical Officer of Health for the five constituent Authorities, and it is from this control centre that the direction of the five distinct Sanitary Departments of the constituent districts is accomplished.

The year under review was marked by the prevalence of measles, at that time part of a nation wide epidemic affecting for the most part pre-school children and those attending the infant departments of elementary schools.

The district also suffered somewhat by its proximity to the Urban District of Newbiggin in which occurred a troublesome outbreak of paratyphoid B. fever. The number of Bedlingtonshire cases was not great and within is described a history of the outbreak and course of the prevalence in the adjoining district, which, I trust, you will find to be of interest.

I have pleasure in recording my appreciation of the consideration extended to me by the members of the Council and for the assistance of the staffs in the Sanitary and Child Welfare Departments, and for the very valuable and untiring support accorded me by the personnel of the hospital during the period in which the accommodation was taxed to the utmost by the admission of the sufferers of the above mentioned paratyphoid B. fever epidemic.

I am,

Your obedient Servant,

JAMES ANGUS,

Medical Officer of Health.

November, 1942.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

for 1940.

Public Health Officers of the Local Authority.

Medical Officer of Health ..)	
Medical Officer M. & C.W.)	
Authority, Sunray Clinic ..)	James Angus, M.B., Ch.B., B.HY.,
Medical Officer, Infectious)	D.P.H.
Diseases Hospital)	
Assistant Medical Officer		Catherine B. McGregor,
of Health		M.B., Ch.B., D.P.H.
		appointed April, 1940.
Dental Officer (Part-time ...	{	N. Walker, L.D.S. resigned October 1940
	{	G.E. Wilson, L.R.C.P., L.R.C.S., L.M.,
	{	L.D.S., appointed December 1940.
Obstetrical Consultants.....	{	E. Farquhar Murray, M.D., F.R.C.S.
	{	H.H. Evers, M.B., M.S., F.R.C.S.
	{	F.E. Stabler, M.D., F.R.C.S.
Health and Child	{	Mrs. J.S. Jackson, S.R.N., S.C.M.
Protection Visitors.....	{	Miss E. Crowe, S.R.N., S.C.M.
	{	resigned November 1940.
	{	Mrs. M. Robson, S.C.M.
	{	appointed December 1940.
	{	Miss M. Bewick, S.R.N.,
	{	appointed December 1940.
Sanitary)		
Meat)		
Inspector.....		R. M. Laverick, M.S.I.A.
Offices of the M.O.H.....		146, Station Road, Ashington.
Telephone		Ashington 287.
Offices of the Sanitary		Council Offices, Front Street,
Inspector		Bedlington.
Telephone		Bedlington 2214.
Hospital for Infectious		Staithes Quay, Bank Top,
Diseases		Bedlington.
Telephone		Bedlington 3207.
M.C.W. Centre and Sunray		South Parade, Guide Post,
Clinic		Choppington.
Telephone		Bedlington 2227.

URBAN DISTRICT OF BEDLINGTONSHIRE

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR 1940.

SECTION A.

Statistics and Social Conditions of the Area.

Area, in acres - 9,025.784.

Registrar General's estimate of
Resident population mid 1940 26,290

Area comparability factor 1.15

Rateable value - £99,225.

One penny rate produces - £379. 18. 2.

Number of inhabited houses (end of 1940) - 7,845

Vital Statistics.

Births:-

<u>Live Births.</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	427	221	206
Illegitimate	13	8	5

Birth Rate per 1,000 of the estimated resident population - 16.74.

<u>Still Births.</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	17	8	9
Illegitimate	-	-	-

Rate per 1,000 total (live and still) births - 37.2

Deaths:-

	<u>Total</u>	<u>Male</u>	<u>Female</u>
	284	145	139

Death Rate per 1,000 of the population - 10.8
Death Rate multiplied by areal comparability factor - 12.42.

Deaths from puerperal causes (headings 29 and 30 of the Registrar General's short list):-

	<u>Deaths.</u>	<u>Rate per 1,000 total (live and still) births.</u>
No. 29 Puerperal Sepsis.....	1	2.11
No. 30 Other Puerperal causes. -	-	-
Total	1	2.11

Death Rate of infants under one year of age:-

All infants per 1,000 live births	51.69
Legitimate infants per 1,000 legitimate live births	50.93
Illegitimate infants per 1,000 illegitimate live births	76.92

Deaths from Cancer (all ages)	26
Deaths from Measles (all ages)	-
Deaths from Whooping Cough (all ages)	-
Deaths from Diarrhoea (under 2 years)	2

The Registrar General supplies the following:-

CAUSES OF DEATHS 1940.

<u>Causes of Death.</u>	<u>Male</u>	<u>Female</u>
1. Typhoid & paratyphoid fevers.	-	2
2. Cerebro-spinal fever	-	-
3. Scarlet fever	-	-
4. Whooping Cough	-	-
5. Diphtheria	2	1
6. Tuberculosis of resp: system	5	7
7. Other forms of tuberculosis	1	1
8. Syphilitic diseases	-	-
9. Influenza	2	1
10. Measles	-	-
11. Acute polio-myel: & polio-enceph:	-	-
12. Acute inf: enceph:	1	1
13. Cancer of B: cav: & oesoph: (M) uterus (F)	3	2
14. Cancer of stomach & duodenum	2	5
15. Cancer of breast	-	-
16. Cancer of all other sites	7	7
17. Diabetes	1	2
18. Intra-cran: vasc: lesions	16	18
19. Heart diseases	39	35
20. Other diseases of circ: system	1	3
21. Bronchitis	4	8
22. Pneumonia	4	4
23. Other resp: diseases	2	1
24. Ulcer: of stomach or duodenum	1	-
25. Diarrhoea under 2 yrs.	2	-
26. Appendicitis	-	-
27. Other digve: diseases	2	4
28. Nephritis	5	6
29. Puer: & post-abortion: sepsis	-	1
30. Other maternal causes	-	-
31. Prem: birth	6	1
32. Con: mal: birth inj: infant: dis:	5	4
33. Suicide	3	-
34. Road traffic acc:	-	-
35. Other violent causes	10	5
36. All other causes	21	20
All causes	<u>145</u>	<u>139</u>

	<u>Male</u>	<u>Female</u>
Deaths of infants (Legitimate	15	7
under 1 year. (Illegitimate	-	1
Totals	<u>15</u>	<u>8</u>

Live Births	(Legitimate	221	206
	(Illegitimate	8	5
	Totals	<u>229</u>	<u>211</u>
Still Births	(Legitimate	8	9
	(Illegitimate	-	-
	Totals	<u>8</u>	<u>9</u>

INFANTILE MORTALITY - 1940

Causes of death.	Und 1 wk	1-2 wks	2-3 wks	3-4 wks	Total under 1 mth	1-3 mths	3-6 mths	6-9 mths	9-12 mths	Total under 1 yr.
Acute Haemolytic anaemia	-	-	-	-	-	-	-	1	-	1
Diarrhoea & enteritis	-	-	1	-	1	-	-	-	-	1
Prematurity	6	-	1	-	7	1	-	-	-	8
Atrophy, debility marasmus	1	-	-	-	1	-	-	-	-	1
Con: malform- ations	1	-	-	1	2	-	-	-	-	2
Maternal toxaemia	2	-	-	-	2	-	-	-	-	2
Injury at birth	2	-	-	-	2	-	-	-	-	2
Pink disease	-	-	-	-	-	-	-	1	-	1
Convulsions	-	-	-	-	-	1	-	-	-	1
Pneumonia	-	-	-	-	-	1	-	2	-	3
Neonatal septicaemia	1	-	-	-	1	-	-	-	-	1
Totals	13	-	2	1	16	3	-	4	-	23

SECTION B.

General Provision of Health Services for the Area.

LABORATORY FACILITIES.

Laboratory facilities are available at the Laboratory belonging to the Northumberland County Council. The extent to which the facilities have been utilized is shown below:-

<u>Specimens sent in by.</u>	<u>Specimen.</u>	<u>Pos.</u>	<u>Neg.</u>
C.C.T.O.	Sputa, tubercle.	4	21
Medical Practitioners.	do	14	86
M.O.H.	Swabs for C.	3	13
Medical Practitioners.	Diphtheriae	36	84
	do		

M.O.H.	Virulence test for C.diphtheriae	2	-
Medical Practitioners.	do	2	-
M.O.H.	Swabs for Haemolytic Streptococcus.	3	11
Medical Practitioners.	do	9	20
M.O.H.	Blood for Enteric Fever.	2	24
Medical Practitioners.	do	6	1
M.O.H.	Faeces and Urine for Enteric Fever	2	2
Medical Practitioners.	do	1	-
Medical Practitioners.	Cerebro Spinal fluid.	1	3

AMBULANCE FACILITIES.

Number of vehicles available owned by Colliery Welfares and Ambulance Associations is 6, i.e. as in previous reports.

NURSING IN THE HOME.

The total number of district nurses and midwives in the various Nursing Associations is as before - 8.

TREATMENT CENTRES AND CLINICS.

As before.

HOSPITAL, PUBLIC AND VOLUNTARY.

During the year there is nothing to report in addition to the matters touched on in the 1939 review.

MATERNITY AND CHILD WELFARE.

Maternity and Child Welfare Clinics are held on Tuesday and Friday afternoons of each week.

Attendances of mothers and children up to 2 years of age - 3,772.

With the appointment in April 1940 of a whole-time Assistant Medical Officer of Health who was specially qualified in the diseases of women and children, and also proficient in the treatment of diseases amenable to Ultra Violet Light therapy, the Council determined the part-time appointments of Drs. A.G. Ogilvie and B.B. Noble at the end of June 1940. From this time onwards the M.C.W. clinics, except the ante-natal clinics, which were conducted by the local medical practitioners, were shared by the whole-time Medical Officers of Health.

Clinic for Pre-school Children 1940.

Attendances of children 2 - 5 years old ... 388

Combined total of attendances at M.C.W. and toddlers clinic ... 4,160

Each child is examined by the Medical Officer of Health, many being referred for inspection, and treatment, if need be to the Dental Officer at the dental clinic for pre-school children. Others may be referred to the sunray clinics for treatment by U.V. Light

Children found to have unhealthy tonsils and adenoids are afforded the advantage of operative treatment (tonsillectomy) at the Throat, Nose and Ear Hospital, Newcastle, or the Knight Memorial Hospital, Blyth. In this case the L.A. is responsible for the full maintenance of the children in either of these hospitals, the parents contributing to the cost according to an approved income scale.

Dental Clinic.

During the year there was one session monthly for -

Expectant mothers and pre-school children.

Total number of attendances - Expectant mothers	6
- Pre-school children	135

No. of administrations of general anaesthesia for dental extractions in these children 135

Milk Foods, etc.

Dried milk supplied	free of cost during 1940	1,584 lbs.
" " "	cost price during 1940	6,902 lbs.

Virol, Numol (crt.s.½ lbs.) and C.L.O. and Emulsion (btl.s. 10ozs)
free of cost during 1940 262

Virol, Numol (crt.s. ½ lbs.) and C.L.O. and Emulsion (btl.s. 10 ozs)
cost price during 1940..... 2,574.

Sunray Clinic.

Sunray Clinics are held on Tuesdays and Fridays of each week.

No. of attendances (adults, children and infants) - 1,410.

This clinic was carried on on the same lines as heretofore and in all 146 patients received treatment during the year, their age distribution being shown in the following table.

Under 5 yrs.	125.
School children	20
Over school age	<u>1</u>
Total ...	146

Health Visitors Report.

No. of births registered in the Shire during 1940	
M.224, F.220	444
Illegitimate births, (included in above)	
M.4, F.3	7
No. of still births notified (not included in above)	
M.6, F.7	13
Four sets of twin births were notified during the year.	
No. of births notified from Princess Mary Maternity Home.	23
No. of births notified from other maternity homes	1
No. of children whom it was ascertained had left the U.D.	20
No. of inward transfers of children below 5 years to the U.D.	16

Visits.

Visits paid to ante-natal cases	110
First visits after confinement	414
Sub-visits to children under one year of age	1,549
Sub-visits to children age 1 - 5 years	2,332

Visits to Notifiable Infectious Diseases.

The taking of swabs in contacts of notified cases of diphtheria by the Health Visitors was discontinued from 1st October 1939, and ever since these investigations have been undertaken by the M.O.H. or the A.M.O.H.

Child Life Protection.

Pulbic Health Act 1936, Sections 206 - 220.

No. of children below 9 years of age on the register - 2.

All of the Health Visitors act as Child Protection Visitors.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The water supply is received from the Tynemouth Water Company. It has been sufficient and is of good quality.

No important extensions of water mains have been carried out although in fifty-eight instances in the Cambois area, private services have been brought within dwellings, in which cases occupiers had hitherto depended solely upon the public services situated within the back street or row of houses.

Over two hundred domestic services have been repaired.

DRAINAGE AND SEWERAGE.

It has not been necessary to create any extension of the sewerage systems operating within the district. The most important of these empty direct into tidal waters. No purification plants exist within the area. Additional drainage has been completed at several properties, and approximately three hundred and forty eight yards of four inch drains have been laid, together with the necessary yard gullies, sinks and wastes. This has been the means of abolishing various open channel systems.

RIVERS AND STREAMS.

No action has been taken under this heading.

CLOSET ACCOMMODATION.

The district is principally served by the water carriage system, with the exception of a few isolated cases situated beyond the reasonable reach of any sewers.

It has not been necessary to carry out any conversions, although in two instances, additional water closets have been built.

PUBLIC CLEANSING.

The removal of house refuse is done by Contractors, the area being divided into 28 sub-districts.

The contents of all refuse bins are emptied twice or thrice weekly and the ashpits fortnightly. There are three disposal depots situated at Choppington, Stakeford, and Bedlington Station. Small quantities of the material are sometimes used for filling in land depressions, and a portion used for agricultural purposes. The work has been done satisfactorily.

Where cesspools exist, the emptying is done by the occupier.

SANITARY INSPECTION OF THE AREA.

<u>TABULAR STATEMENT.</u>	No. of insp- ctns. during year.	No. of defects or contra- ventions of bye- laws.	No. out stand- ing from pre- vious year.	TOTAL	No. rem- edied after letter or inter- view.	No. of statu- tory notcs. serv- ed.	Def- ects reme- died there after	In pr gress of being dealt with.
<u>Housing.</u>								
Structural defects)								
Defective food-store)								
Dampness)	123	53	31	84	17	1	1	6
Overcrowding)								
Nuisances.)								

<u>Water Supply.</u>									
Insufficient.	}								
Unsatisfactory.		71	71	-	71	71			
<u>Drainage.</u>									
Insufficient.		58	58	-	58	58			
Defective.		103	103	-	103	103			
<u>Sanitary Conveniences.</u>									
Insufficient.		2	2	-	2	2			
Defective.		73	73	-	73	73			
Shops, Foodstores etc.		33	-	-	-	-			
Dairies, Cowsheds and Milkshops.		219	17	-	17	17			
Slaughter Houses.		332	3	-	3	3			
Tents, Vans etc.		1	1	-	1	1			
Offensive Trades.		-	-	-	-	-			
Factories.		21	-	-	-	-			
Keeping of Animals.		15	15	-	15	15			
Insanitary Ashpits & Recept.		77	77	-	77	77			
Ashpits improperly used.		-	-	-	-	-			
Offensive Accumul- ations.		8	8	-	8	8			
Smoke Nuisances.		2	2	-	2	2			
Petrol Stores.		-	-	-	-	-			
TOTAL.....		1,138	483	31	514	507	1	1	6

Set out hereunder are the details of Housing Repairs included in the Structural defects in the preceding table:-

Nature of Work.	No. Repaired.	No. Renewed.
Roofs & Ridges.	25	-
Chimney Stacks.	7	-
Spouting and fall pipes.	24	12
Main walling.	10	-
Window sashes and frames.	11	16
Doors and Frames.	7	14
Flooring.	12	7
Wall Plaster (Rooms).	17	7
Ceilings.	10	7
Skirtings.	11	2
Chimney Breasts.	10	-
Ranges & Coppers.	7	2
Foodstores.	22	-
Staircases.	10	5
Floor ventilators.	-	3
Yards & Outbuildings.	2	-
Totals...	185	75

SHOPS & OFFICES. No Action has been taken under this heading.

CAMPING SITES.

1. Number of sites in the area used for camping purposes.....Nil
2. Number of camping sites in respect of which licences have been issued by the Local Authority under Section 269 of the Public Health Act, 1936.....Nil
3. Estimated number of campers residing in the area at one time during the summer season.....Nil

SMOKE ABATEMENT. No formal action has been put into operation.

SWIMMING BATHS AND POOLS.

An open-air public bath is situated at Humford Mill. The water is received from the River Blyth and is continually cleansed by Chlorination.

ERADICATION OF BED-BUGS.

- (1) (a) The number of Council Houses Infested..... 15.
(b) Other houses found infested 22.

All disinfected.

- (2) The method employed for freeing infested houses is by fumigators with Sulphur dioxide following the general spraying with Zaldecide.
- (3) Previous to the tenants being removed to Council Houses the furniture and clothing is subjected to the process of disinfection, and all clothing and bedding are treated in the steam disinfector situated within the grounds of the Council's Hospital.
- (4) All work of disinfection is carried out by the Local Authority.
- (5) There are no measures taken to prevent re-infestation unless appeal is made to the Sanitary Inspector.

SCHOOLS. - The Sanitary arrangements and Water supply of schools continue to be satisfactory. The water carriage system is established at all schools and the water supply is direct from all Council mains.

Periodically the buildings are fumigated and disinfected. The refuse collection is carried out at regular intervals.

SECTION D.

1. Inspection of Dwelling-Houses during the Year :-

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts).... 123

	(b) Number of Inspections made for the purpose	123
(2)	(a) Number of Dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 & 1932.	Nil
	(b) Number of Inspections made for the purpose.....	Nil
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation.....	52
2. <u>Remedy of Defects during the Year without Service of formal Notices.</u>		
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers.....	46
3. <u>Action under Statutory Powers during the Year :-</u>		
(a)	Proceedings under sections, 9, 10 and 16 of the Housing Act, 1936.	-
	(1) Number of dwelling-houses in respect of which notices were served requiring repairs.	-
	(2) Number of dwelling-houses which were rendered fit after service of formal notices :-	
	(a) By Owners	-
	(b) By Local Authority in default of owners.	-
(b)	Proceedings under Health Acts :-	
	(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.....	-
	(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
	(a) By Owners.....	-
	(b) By Local Authority in default of owners.....	-
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936 :-	
	(1) Number of dwelling-houses in respect of which Demolition Orders were made	1
	(2) Numbers of dwelling-houses demolished in pursuance of Demolition Orders.....	-
(d)	Proceedings under Section 12 of the Housing Act, 1936 :-	
	(1) Number of separate tenements of underground rooms in respect of which Closing Orders were made	-
	(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	-

4. Housing Act, 1936 - Part IV - Overcrowding :-

(a)	(i)	Number of dwellings overcrowded at the end of the year	808
	(ii)	Number of families dwelling therein	835
	(iii)	Number of persons dwelling therein	4150
(b)		Number of new cases of overcrowding reported during the year	-
(c)	(i)	Number of cases of overcrowding relieved during the year	29
	(ii)	Number of persons concerned in such cases.....	146
(d)		Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	-
(e)		Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	-

Summary of families removed from Clearance Areas
and Individual Unfit Houses.

AREA	No. of houses.	No. of separate families.	No. of persons.	REMARKS.
Murray's Yard.	6.	6.	22.	Clearance Area.
Foggan's Yard.	10.	10.	26.	do.
Wilson's Yard.	7.	8.	24.	do.
Sun Inn Yard.	5.	5.	26.	do.
Salmon Place	10.	10.	30.	do.
Massey's Yard	7.	7.	20.	do.
Watson's Buildings.	5.	5.	26.	do.
Storey's Buildings.	2.	2.	9.	do.
Barker's Buildings.	2.	2.	11.	do.
Gordon's Buildings.	5.	5.	23.	do.
Old Mill Yard,	2.	2.	6.	do.
Mill Cottages.	9.	9.	26.	do.
Baptist Yard.	2.	2.	7.	Individual Unfit.
Foggan's Yard	1.	1.	3.	do.
Market Place	1.	1.	5.	do.
Front Street.	1.	1.	4.	do.
Chapel Row.	1.	1.	4.	do.
Netherton Hall.	1.	1.	3.	do.
	77.	78.	275.	

OVERCROWDING.CLEARANCE AREAS.

AREA.	No. of cases of overcrowd- ing.	No. of separate families.	No. of persons.	REMARKS.
Murray's Yard.	2.	2.	12.	1 x 2 roomed houses
Foggan's Yard.	2.	2.	10.	
Wilson's Yard.	-	-	-	
Sun Inn Yard.	3.	3.	18.	
Salmon Place.	3.	3.	15.	
Massey's Yard.	2.	2.	7.	
Watson's Buildings.	4.	4.	23.	
Storey's Buildings.	1.	1.	6.	
Barker's Buildings.	2.	2.	9.	
Gordon's Buildings.	2.	2.	13.	
Old Mill Yard.	1.	1.	4.	
Mill Cottages	3.	3.	15.	
Total	25.	25.	132.	

INDIVIDUAL HOUSES.

AREA	No. of cases of overcrowd- ing.	No. of separate families.	No. of persons.	REMARKS.
Baptist Yard.	2.	2.	7.	1 x 2 roomed houses.
Foggan's Yard.	1.	1.	3.	
Market Place	-	-	-	
Front Street.	-	-	-	
Chapel Row.	1.	1.	4.	
Netherton Hall.	-	-	-	
Total.....	4.	4.	14.	
Grand Total....	29.	29.	146.	

SECTION E.

Inspection and Supervision of Food.

MILK SUPPLY.

Number of Producers	38
Approx. number of cows kept	490
Number of non-Producer Retailers	9
Number of non-Producer Pasteurised Retailers	7
Number of non-Producer T.T. Milk Retailers .	2
Accredited Milk Producers	3

Regular inspections have been made to the premises. All Pasteurised and T.T. Milks come from outside districts. Samples have been taken in twenty nine instances, and subjected to Laboratory tests to ascertain cleanliness and for the detection of contamination with M.tuberculosis.

For Cleanliness.

Coliform Test: 18 instances - not present
1 instance - present 1 tube.
1 instance - present 2 tubes.
9 instances - present 3 tubes.

Methylene Blue 19 instances - satisfactory
Test: 10 instances - unsatisfactory.

For M.tuberculosis.

13 specimens - negative.
2 specimens - positive.

The herds from which the positive specimens were obtained would come immediately under the supervision of the Veterinary Officers of the Ministry of Agriculture & Fisheries with a view to the detection of the infecting bovine.

Cowsheds and Dairies - Repairs and improvements.

Red House Farm - New dairy built.

MEAT AND OTHER FOODS.

In early 1940 the Ministry of Food decreed that a central slaughtering centre and a depot for the distribution and allocation of meat be established in the already existing abattoir belonging to the Corporation of Morpeth.

This arrangement was found in practice after a time to be most inconvenient, with the result that representations were made to the Ministry of Food to have central slaughtering for such a large Shire as Bedlington carried out within the Urban District.

Accordingly, the premises used as a slaughter house by the Bedlington Co-operative Society became the central depot for the killing, allocation and distribution of meat, and has continued to act as such since the first week in June, 1940.

The existing premises of the Society were adapted for this major role by certain additions to equipment and certain minor structural alterations. This dispensed with the private slaughtering houses or killing shops of which there are 16 in the district.

The innovation is an important one and its suitability and efficacy can be vouched for by the officials detailed to carry out meat inspections. It is hoped that there will be no post-war reversion to the former conditions of meat inspections in dispersed killing shops, the tour of which consume a great amount of valuable time in travelling on the part of the meat inspector.

There is one knackers yard in the district.

Carcases inspected and Condemned.

	Cattle including cows.	Calves.	Sheep and Lambs.	Pigs.
Number Killed.	-	-	-	-
Number Inspected.	810.	46.	2459	285.
All diseases except Tuberculosis.				
Whole carcasses condemned.	2.	1.	2.	-
Carcasses of which some part or organ was condemned.	96.	-	32.	12.
Percentage of the number inspected affected with disease other than Tuberculosis.	11.85.	2.17.	1.38.	4.21.
Tuberculosis only.				
Whole carcasses condemned.	-	-	-	-
Carcasses of which some part or organ was condemned	38.	-	-	5.
Percentage of the number inspected affected with Tuberculosis.	4.69.	-	-	1.75.

Amount of Bacon surrendered 169 lbs.

SHELL-FISH.

A few shell-fish beds lie indiscriminately scattered within the estuary of the River Blyth, these chiefly consisting of mussels, which thereby must be exposed to considerable amount of pollution.

Notices are posted at various points in the vicinity prohibiting the collection of such shell-fish for human consumption. It is difficult to ascertain if indeed these shell-fish are collected with a view to exposure for sale for human consumption though inshore fishermen may abstract quantities for the purpose of baiting their fishing lines. So far no cases have been reported in which those mussels have been exhibited for sale as food of man.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The Hospital for Infectious Diseases situated at Staithes Quay consists of three wards, each capable of accommodating 8 patients. It is seriously handicapped by the lack of quarters for permanent and temporary nursing staff. The only permanent staff are a porter-groundsman and his wife, who reside on the premises.

There is no ambulance, motor or horse-drawn, and patients are presently removed either by hired ambulance or car.

The number of cases admitted and treated in the hospital during 1940 was as follows:-

No. of patients in the hospital on the 1st January 1940 - 3.

Diphtheria.

No. of cases admitted during 1940 - 42

No. of cases discharged during 1940 - 41.

No. of Diphtheria contacts admitted and discharged - 1.

No. of suspected diphtheria carriers admitted and discharged - 1.

Three children succumbed to diphtheria whilst in the hospital.

Streptococcal tonsillitis.

No. of cases admitted and discharged - 1.

Tonsillectomy: It was found necessary to have this operation performed in the case of two patients, one in the hospital at Staithes Quay and the other in the City Hospital for Infectious Diseases, Newcastle.

Pemphigus Neonatorum.

No. of cases admitted and discharged - 3, of which one died.

Broncho Pneumonia: There was one admission to hospital.

Typhoid Fever: Three cases were admitted, of which one proved fatal. A typhoid carrier was admitted and was subsequently discharged as such.

Paratyphoid B. fever: There were admitted and treated 16 cases, all of which recovered.

Table Showing Analysis of Notified Cases of Infectious Diseases under Age Groups.

	Und 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65 & over	Total.
Scarlet Fever	1	-	2	3	4	12	8	1	2	1	-	-	34
Diphtheria	-	-	1	2	2	9	4	4	3	1	1	1	28
Enteric Fever (inc. paratyphoid)	-	-	1	-	-	1	2	1	3	-	-	-	8
Puerperal Pyrexia	-	-	-	-	-	-	-	1	5	2	-	-	8
Erysipelas	-	-	-	-	-	-	1	1	-	1	3	2	8
Pneumonia	2	1	1	2	1	8	4	5	6	6	7	2	45
Cerebro Spinal Fever	-	-	-	-	-	-	-	1	1	-	-	-	2
Measles	26	87	91	111	91	434	15	-	1	-	-	-	856

Disease.	Total Cases Notified	Cases admitted to Hospital	Total Deaths.
Scarlet Fever	34	4	-
Diphtheria	28	21	3
Enteric Fever (incl. paratyphoid)	8	8	2
Puerperal Pyrexia	8	4	1
Erysipelas	8	1	-
Pneumonia	45	-	8
Cerebro Spinal Fever	2	2	-
Measles	856	-	-

Diphtheria - During the year there were notified 28 cases, of which 21 were dealt with in the Hospital. Amongst these three fatalities occurred.

Scarlet Fever - There were notified 34 cases, 30 of them being treated at home.

Erysipelas - Eight cases, one more than last year, were reported.

Pneumonia - 45 cases were notified as having occurred in the Shire.

Puerperal Pyrexia - 8 cases, six more than last year, were recorded during the twelve months. Four were admitted to hospital, and there was one death.

Cerebro Spinal Fever - Two cases were notified and were admitted to the City Hospital for Infectious Diseases, Walkergate.

Ophthalmia Neonatorum - No case was notified.

Measles - The susceptibles in Bedlingtonshire fell an easy prey to the nation wide epidemic of measles. The age incidence is shown in the table and the malady on the whole proved to be of a mild type with few complications and the district was fortunate in that no deaths were recorded as due to measles. There were 856 cases notified.

Dysentery (Bacillary) - the organism recovered from this case as the cause of the dysentery was of the Flexner type.

ENTERIC FEVERS.

Typhoid Fever - Three cases of typhoid fever were notified during the year. The source of one was definitely ascertained and a second case was regarded as secondary to the first patient - a close relative of the former. The circumstances connected with the notification of this first case, a young woman, are noteworthy in as much as the M.O.H. received intimation of the existence of typhoid fever in this particular patient from a hospital in another area to which she had been admitted some days before with, as it so turned out, an incorrect diagnosis. After having gone most particularly into the history of the case, it was found that she had nursed some weeks before the onset of her own illness, an aged lady living alone who had been bed fast for several weeks. No diagnosis of typhoid fever by the medical practitioner in attendance on this old lady had been made or ever suggested, and she, by the time the real nature of the young woman's illness had been discovered, had recovered sufficiently from her illness to permit her to go and stay with relatives in another part of the district.

There she was found, and investigation showed her to be a carrier, (urinary and intestinal) of typhoid bacilli. She, too, was admitted to an isolation hospital and remained within the hospital gates for weeks without any change in the bacteriological findings. She ultimately was discharged at her own request and subsequently lived with other friends, who, aware of the carrier state in their guest, submitted to preventive inoculation against typhoid before the old lady took up residence with them.

An interesting point in connection with the young woman's illness was that the symptomatology (severe haemorrhage) indicated that the disease of typhoid fever had been several weeks in progress before her collapse. She and the secondary case recovered.

The fatal case occurred in a young child and was an isolated one, and was deemed to be due to the fact that she played from time to time near a brick work, through which passed a stream, the waters of which were polluted by sewage, which as a relief to the pressure on the system, was permitted access to this water course from the main sewage system. It had been known that this child and several others used to play in the waters passing along this ditch.

Paratyphoid Fever - There were five cases notified, three of them being associated with the concurrent outbreak at Newbiggin-by-the-Sea and Ashington, a description of which is here appended.

Of the two exceptions, one case occurred in a nurse who had been nursing paratyphoid B. fever in another County, had sickened and returned to her home at Bedlington where the diagnosis was made.

The other case occurred in a young boy, a non-swimmer who had been learning to swim in the sewage polluted tidal waters of the River Wansbeck near the chain ferry.

A third case which occurred some time prior to mid April was intimated to this office posthumously, only at the time of the receipt of the inward transfers for the second quarter of the year. Hence no history could be obtained which would point to its origin.

The Outbreak of
Paratyphoid B. Fever, in Newbiggin-by-the-Sea, Ashington and
Bedlingtonshire Urban Districts.

The serious outbreak of Paratyphoid B. Fever, which took place principally in Newbiggin by the Sea and to a much less extent in neighbouring urban districts of Ashington and Bedlingtonshire was a remarkable and important one in several ways, and quite the outstanding event in public health in 1940.

The numbers of cases of paratyphoid notified in each district were as follows -

Newbiggin	66	
Ashington	15	
Bedlington	5	(2 unconnected with the Newbiggin outbreak).

It had been well known for some time that paratyphoid B. fever had been occurring in epidemic form in several places prior to this outbreak, namely Glasgow 1936 and 1940, Birmingham 1940, and almost simultaneous with the Newbiggin outbreak in 1940 an outbreak at Gateshead on Tyne and Whickham.

It should be pointed out that the memorandum on Typhoid Fever published by the Ministry of Health 225/Med had been distributed to all medical practitioners in the five districts in December 1939. This brochure embodied all the most up to date information relating to the enteric fevers (typhoid and the paratyphoids).

The salient features of the epidemic are described below and it is noteworthy that while the local source of the prevalence was found to be in Newbiggin by the Sea district, the incipient phase of the epidemic became apparent in the first place in a particular ward of Ashington, viz. the one nearest Newbiggin.

The first indication that your Medical Officer had - who was at that time single handed - that something unusual had happened in the district, was a telephone message from the Royal Victoria Infirmary to the effect that a young Ashington boy who had been admitted to that institution was actually suffering from Paratyphoid B. fever. This was on the 10th May, 1940, and he was transferred to the City Hospital for Infectious Diseases, Newcastle. A personal visit to this boy's home in Newbiggin Road, Ashington, did not elicit anything unusual about the provisioning of this household, except that the lad had a great partiality for icecream and had partaken of this refreshment from many establishments, both in and outside the districts. He had sickened on the 4th May, 1940.

On May 15th four cases (three in one family, consisting of a mother and two very young children) of para B. Fever were notified in Ashington and a single case in Newbiggin by the Sea (Hawthorn Road 1, Monkseaton Terrace 3, Ashington Moorcroft 1, Newbiggin). These last four cases occurred in the practice of one doctor, who had surgeries in both districts and all five were removed to the I.D. Hospital at Ashington.

As is my usual practice on the occurrence of enteric fever all the medical practitioners in the districts were at once informed of the existence of Para B. Fever, as well as the A.D.M.S. of the Military Division; the Resident Medical Officers of the Royal Victoria Infirmary and the Fleming Memorial Hospital, Newcastle; the Ministry of Health and the County Medical Officer.

Thereafter cases of Para B. Fever continued to be notified throughout the next four months with the dates of the onset of the illness as follows, taking place in the months stated -

Month.	Total No. of cases.	Ashington	Bedlington	Newbiggin	Morpeth R.
May	47	10	3	33	1
June	16	2	-	13	1
July	3	-	-	3	-
August	17	1	-	15	1
Totals	83	13	3	64	3

The last case notified was on 24th September 1940 in Newbiggin by the Sea.

In addition to the 83 cases or thereby information was received of illnesses of Para B. Fever occurring as follows outwith any of the five districts for which your M.O.H. is Medical Officer of Health, namely three in non-civilians and two in other civilians.

Table of age groups of patients in Ashington, Bedlington, Newbiggin and Morpeth Rural.

	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	over 45
Males	5	7	3	7	1	5	3	3	-	1
Females	8	7	6	8	5	3	2	3	2	5
Totals	13	14	9	15	6	8	5	6	2	6
	(66.2/3%)					(33.1/3%)				

It is my opinion that many other cases of very mild para B. infection occurred, but were never brought to light for many of the sufferers would probably pass through an illness which was regarded as too trivial and slight to report to a doctor.

At a time when Influenza was non-existent in the district, it is worth recording that from 6th May to 16th May there were notified to the P.H. Department in Newbiggin by the Sea from one practice eight cases of illness attributed to Acute Influenzal Pneumonia. Three of these cases (Nos. 11, 12, 22) had been admitted to general hospitals in Newcastle, from which they were retrieved on the true nature of their illness having been discovered. No. 22, an important case, sickened on 3.5.40 and was said to be under medical care from 5.5.40 till 23.5.40 on which date the patient was removed to the Royal Victoria Infirmary and later transferred to Ashington Infectious Diseases Hospital on 28.5.40 as the disease had been diagnosed as Para B. Fever.

Case No. 31 is also an important case and was closely associated with case No. 22; was seen on 5.5.40 and transferred to another district. There, the real nature of the patient's illness was not recognised until after the receipt of notification that Case 22 was one of paratyphoid on the 28.5.40. Case 31 was

investigated and found to have been really affected with paratyphoid and was admitted to hospital on 31.5.40. The onset of this patient's illness was 1.5.40, exactly eleven days after coming to reside in Newbiggin by the Sea.

None of the other cases of the epidemic - all of which were personally investigated by the Medical Officers of Health - gave an earlier date of onset than Case No. 31.

All this goes to show that the enteric fevers are so protean in their manifestations that it is always well to carry out blood cultures, and serological tests at the earliest appropriate moment in all cases of ill-defined, vague and febrile illnesses, of over a week's duration.

The patients were with one exception treated in hospital. In the first place the Infectious Diseases Hospital of the Ashington U.D.C. was utilised, from which patients suffering from Scarlet Fever and diphtheria were displaced to the I.D. Hospital of the Bedlingtonshire U.D.C. which at once was opened out and staffed. The new nursing staff at Bedlington were inoculated against the typhoid fevers in anticipation of more accomodation being required for the expected increased incidence of cases, which, of course, these nurses would be called upon to care for. This did in fact take place, necessitating a further evacuation of scarlet fever and diphtheria patients to the Infectious Diseases Hospital at Morpeth.

With the exception of five cases, which were removed to the City Hospital for Infectious Diseases, Newcastle, all the cases of paratyphoid fever were treated successfully in the hospitals of the Ashington and Bedlingtonshire Urban District Councils, the physicians in charge being the Medical Officer of Health and the Assistant Medical Officer of Health.

There were no deaths and all the patients on discharge were free from infection, judged by three successive negative bacteriological results. No secondary cases occurred in any of the various grades of personnel in in any of the hospitals - all members of the staff having been already protected by the appropriate inoculations on recruitment to the hospitals at all times.

I have no doubt in my own mind that the cause of this prevalence of Paratyphoid was the result of infected artificial or synthetic cream reaching a central bakery in Newbiggin by the Sea from which it became distributed to the firm's many consumers in Newbiggin and the adjoining districts in various types of cream confectionery, as cream cakes, trifles, sandwich cakes, etc.

These were sold at this large business concern's various branches by their roundsmen and from other small retailers depots.

What role in the continued propagation of the epidemic was played by temporary carriers and employees incubating the disease and who were engaged in separate, central and branch provision

departments of the same firm other than the bakery, I am not in a position to make a definite pronouncement, except that these would for a time at least handle cooked meats, such as cooked cold meat, hams, butter, etc., which items would not be subjected to further cooking in the home after purchase.

The outbreak is yet another to be added to the already long list of paratyphoid epidemics incriminating artificial cream, and which have become much commoner since the outbreak of War in 1939, though some large prevalences had taken place prior to 1939.

The ascertainment of the source of the trouble became the paramount concern of your Medical Officer of Health and the first four patients especially the Newbiggin one being too seriously ill to be able to give much reliable evidence, a preliminary cast was made on 15.5.40 amongst the mobile icecream vendors of local and national brands travelling the affected parts of the districts. These investigations, extended to the remainder of the itinerant sellers, and the staffs of the local icecream manufacturers on 16.5.40, proved to be negative. The icecream season had been by the 4.5.40 about four or five weeks in progress and its sale and the number of roundsmen were being steadily increased with the approach of better weather.

The water supplied to Ashington and Newbiggin by the Sea from Tynemouth Corporation as well as that supplied to North Seaton Colliery were immediately excluded from being in any way responsible, as the result of bacteriological analyses. So too with certain milk supplies.

On 17.5.40 the serological comb out of the personnel of the bakery had commenced and cream cakes from this particular bakery were conveyed on that date to the County Laboratory for bacteriological examination. On the 18.5.40 specimens of the artificial cream used in filling the above cream cakes were also forwarded for a similar purpose. This cream was taken with proper precautions from an already opened canister of the suspected brand in the bakery. The remainder of the personnel of the central bakery were serologically tested on 19 and 20.5.40 and official information was received on 21.5.40 that a bakeress and a roundsman both showed suggestive reactions for *B. paratyphosus B* (1 in 125). Both were admitted to an Isolation Hospital on 21.5.40 for observation and were found to be intestinal carriers (albeit transient and convalescent for they ultimately cleared up and resumed employment).

Meanwhile official intimation of the bacteriological results of the cream in the cakes and the cream itself had arrived on 22.5.40. They were as follows:-

Cream cakes (17.5.40) - (a) no specific pathogenic organisms found.
(b) *Bacillus faecalis alkaligenes* Present.

Cream (18.5.40) - (a) no specific pathogenic organisms found.
(b) numerous *Bacilli faecalis alkaligenes* Present.

Standard works on Bacteriology state that *B. faecalis alkaligenes* and Morgans *Bacillus* are found in dysenteric and non dysenteric intestinal disturbances affecting humans.

The use of this particular brand of synthetic cream in this bakery was stopped immediately on 22.5.40.

While on the subject of the artificial cream, it was thought more equitable to ascertain the bacterial content (if any) of the cream from an unopened canister immediately on arrival at Newbiggin. Accordingly the first such available unopened container was secured and deposited with the bacteriologist on 23.5.40 and on the 30.5.40 he reported as follows:-

Number of organisms developing on agar at 37°C - Plates uncountable -
several million per cc.
B.coli present in 0.0001 cc.

A number of non lactose fermenting types have been found including *B. faecalis alkaligenes* (numerous) and *B.morgan* No.1, but specific organisms of the enteric group have not been isolated.

The Bacteriologist added a memorandum to his report that whatever the quantitative estimate of the bacterial content at the time of examination, the fact still remained that the various types of organisms found must have been present ab initio, though it was impossible to say whether they had gained access during the manufacturing process or were derived from the raw materials used.

B. paratyphosus *B.* was never recovered from any of the samples of artificial cream sent to the bacteriologist and of course it is well known that the isolation of enteric organisms even from sewage polluted and infested waters is a difficult task.

Another point should be made that actual samples of the cream presumed to be contaminated and consumed by the sufferers were never available for examination.

My previous local knowledge of the district as a former general practitioner therein enabled me to discern that nothing short of a wholesale serological comb out of all the employees of all the food distributing departments would suffice for the reason that this large concern employs a great many hands - at this time many of them novices - whose households would be customers of all departments, and hence a person employed in a provision department, while not handling any of the cream confectionery from the bakery might, would in fact, from time to time find cream cakes on the teatable purchased direct from a branch depot or from a roundsman of the bakery department of the same firm. Furthermore, many of the patients had relatives employed in this large business concern.

The investigations were, on 21.5.40, extended to the staff in the grocery department, with negative findings except that one assistant, (case 15) had been off since 6.5.40 and was found within the next day or two to have had paratyphoid *B. fever* (serum 23.5.40

positive B. para B. 1 in 2500 and B. para B. recovered in hospital).

On 21st May 1940 the Assistant Medical Officer of Health took up duty for the first time - a timely arrival. Thereafter the ascertainment of the state of health past or present of the employees went on apace.

A positive reactor was discovered in a branch provision establishment of the same firm and was Case No.23, was never off work though this employee passed through some sort of vague illness (serum 27.5.40 positive B. para B. 1/250: B. para B. recovered in hospital).

Case No.19, aged 8, a son of the resident manager in the above branch was removed on 25.5.40 to Hospital with Para B. Fever.

Case No 38, aged 2, a daughter of one of the firm's butchers was removed to hospital on 6.6.40 with Para B. Fever.

Despite the continuous intensive search for carriers and cases amongst other food handling firms - always with negative results - and the strict hospitalisation of all cases and ascertained excretors of B. para B. cases of paratyphoid fever continued to occur in a desultory and most disconcerting manner throughout June, and July until the end of August and beginning of September when a recrudescence of the epidemic took place although to a slighter degree.

However, on 23.7.40 Case 65, aged $2\frac{1}{2}$ years, was found to give a serum reaction for B. para B. 1 in 5000 and B. para B. was recovered in Hospital. This was the child of the manager of the central bakery.

A renewed comb out of the employees of this firm was decided upon and immediately commenced including the bakery, and as a result two assistants in the provision departments of different branches were found to be absent from work.

Case 76; serum 23.8.40 positive B. para B. 1/1000, was admitted to hospital on 24.8.40, a clinical case and B. para B. recovered.

Case 83, serum 2.9.40 positive B. para B. 1/500, admitted to Hospital 3.9.40 and B. recovered.

At this time two of the errand boys on the milk rounds of the same firm were found to react for B. para B. 1 in 125, but could not be found in any other way to be responsible for the renewed activity of the epidemic.

At this time too, Case 84 was discovered by the recovery of the *Bacillus paratyphosus* B. This case was the only other sufferer employed in a totally different food distributing firm, other than the business concern from which all the previous sufferers and carriers had been retrieved.

The very great preponderance of clinical cases and carriers gave definite histories of having consumed cream confectionery in some form or other, obtained from the central bakery. It might so have happened that the households of the infected obtained their supplies as regular, daily or occasional deliveries or that some isolated cases from other districts had visited Newbiggin by the Sea for some special reason as e.g. a funeral or wedding, for which functions the central bakery happened to be responsible for the catering, supplying amongst other items cream filled cakes or confectionery.

With the hospitalisation of the last three food handling patients, Cases 76, 83 and 84, the epidemic speedily terminated with much relief to the very great strain imposed upon the Medical Officers of Health who investigated the history of each case personally and who were the physicians in attendance at the Infectious Diseases Hospitals and responsible for directing the treatment.

An interesting item having some bearing on the type of articles of food responsible, was disclosed in the case of a family of three, in which there existed one, who was debarred by a disability from partaking of starchy and sweetened food-stuffs. This person did not develop Paratyphoid B. Fever though the other two persons in the family (Cases 12 and 14) who were definite clinical cases, indulged in products of this central bakery, including cream confectionery. One of these patients was a dealer in raw marine produce.

Much valued assistance was given by the Matron and nursing staff of the hospitals, whose staffs throughout worked unsparingly in the interests of the patients at all times.

From the very beginning of the outbreak, in my communications with the representatives of the Central Authority in Newcastle, I was most emphatic in my view that the contamination of this conglomerate product took place at or on the premises of the manufacturer in the South and, assuming that the constituents of the synthesis and returned containers would, as an elementary precaution and as sound food handling practice, be properly sterilised, I suggested that an investigation should be carried out at the factory as to whether the present or past health of any of the employees could have any bearing in originating illnesses such as Paratyphoid B. Fever among the consumers of this artificial cream outside the confines of the factory.

As there were outbreaks of Paratyphoid B. Fever at different places at different times throughout 1940 traceable to bakeries and attributed to artificial cream derived from a particular factory and dispersed under different trade names through various agents, certain batches could only have been infected periodically depending what shift the presumed carrier was on and it just so happened that Newbiggin's luck was out when it became the recipient of containers from one of those infected batches of artificial cream.

To conclude then no great difficulty was experienced by your Medical Officer in gaining his primary objective, viz. the local source of the trouble in this case, the central bakery, but the further investigation of the factory situated in the rearward areas from which the peccant material was presumed to have emanated rested with Central Health Authority.

Water supplies are necessarily safeguarded by the observation of very stringent regulations affecting production and personnel (vide Bacteriological Examination of water supplies No. 71 revised) and one feels that some parallel ordinances should be evolved in regard to the production of such a universality as synthetic cream especially affecting its sterilisation and the health of the personnel either on recruitment to the factory or on return from sickness.

TUBERCULOSIS
NEW CASES AND MORTALITY DURING 1940.

Age Periods	New Cases				Deaths.			
	Resp.		Non-Resp.		Resp.		Non-Resp.	
	M.	F.	M.	F.	M.	F.	M.	F.
0-	-	-	-	-	-	-	-	-
1-	1	-	-	1	-	-	-	-
5-	1	3	1	3	-	-	1	-
15-	2	4	1	1	1	1	-	-
25-	8	3	-	1	1	3	-	1
35-	-	2	2	-	2	1	-	-
45-	1	-	-	-	-	1	-	-
55-	-	-	-	-	1	-	-	-
65 and over.	-	-	-	-	-	1	-	-
	13	12	4	6	5	7	1	1

Non-notified deaths - 3
Total deaths - 14

The Public Health (Tuberculosis) Regulations 1940 became operative in September 1940, imposing an obligation on Medical Officers of Health to furnish to the local offices of the Ministry of Labour particulars of male persons of ages specified from time to time who are registered as having suffered or are suffering from Tuberculosis. The reasons for these are easily made out and enable the responsible authority to be made aware of disabilities past or present at the moment of registration of any male under the Military Service Acts.

CANCER MORTALITY.

	Males.						Females					
	20-	30-	45-	55-	65-	Tot.	20-	30-	45-	55-	65-	Tot.
Jaw	-	-	-	-	1	1	-	-	-	-	-	-
Pancreas	-	-	-	-	-	-	-	-	-	-	1	1
Oesophagus	-	-	-	-	1	1	-	-	-	-	-	-
Stomach	-	1	1	-	-	2	-	-	2	2	1	5
Liver	-	-	-	-	1	1	-	-	-	-	3	3
Colon	-	-	-	-	2	2	-	-	-	-	-	-
Prostate	-	-	-	1	-	1	-	-	-	-	-	-
Uterus	-	-	-	-	-	-	-	-	-	1	-	1
Rectum	-	-	-	-	1	1	-	-	-	-	-	-
Tonsil	-	1	-	-	-	1	-	-	-	-	-	-
Brain	-	-	-	-	-	-	-	1	-	-	-	1
Skin	-	-	-	-	1	1	-	-	-	-	-	-
Lungs	-	-	1	-	1	2	-	-	-	-	1	1
Cervix	-	-	-	-	-	-	-	-	-	1	-	1
	-	2	2	1	8	13	-	1	2	4	6	13

Sarcoma of abdominal wall - female, 49 yrs.

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case rates for certain Infectious diseases in the Year 1940. Provisional figures based on Weekly and Quarterly Returns.

	England and Wales.	126 C. Bs and Great Towns including London	148 Smaller Towns Resident Pop. 25,000 - 50,000 at 1931 Census	London Adm. County
* Rates per 1,000 Civilian Population: -				
Live Births	14.6	16.0	15.7	13.7
Still "	0.55	0.64	0.55	0.44
Deaths:-				
All causes	14.3	15.8	12.8	17.8
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.00
Diphtheria	0.06	0.07	0.05	0.01
Influenza	0.32	0.29	0.30	0.18
Smallpox	-	-	-	-
Measles	0.02	0.02	0.02	0.01
Rates per 1,000 Live Births:-				
Deaths under 1 Year of Age	55	61	51	50

cont.	England and Wales	126 C.Bs and Great Towns including London	148 Smaller Towns Resident Pop. 25,000 - 50,000 at 1931 Census	London Adm. County
Deaths from Diarrhoea and Enteritis under 2 years of Age	4.6	5.9	4.4	5.8
* A dash (-) signifies that there were no deaths.				
* Rates per 1,000 Civilian Population:-				
<u>Notifications:-</u>				
Enteric	0.07	0.06	0.10	0.06
Cerebro Spinal Fever	0.32	0.33	0.29	0.28
Scarlet Fever	1.63	1.53	1.57	0.82
Whooping Cough	1.34	1.29	1.35	0.22
Diphtheria	1.16	1.29	1.21	0.61
Erysipelas	0.33	0.36	0.30	0.35
Smallpox	0.00	-	-	-
Measles	10.24	9.23	9.99	1.78
Pneumonia	1.20	1.37	1.00	0.87
Rates per 1,000 Total Births (Live and Still):-				
<u>Maternal Mortality:-</u> (Excluding Abortion)				
Puerperal Infection (No. 147)	0.52)	Not available		
Others	1.64)			
Total	2.16)			
<u>Notifications:-</u>				
Puerperal Fever)	11.96	13.90	9.73	3.34* 13.30* includ- ing Puerperal Fever
" Pyrexia)				

